

# WEEKLY BULLETIN

## CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Editor

## HEALTH STANDARDS FOR GROUP CARE OF YOUNG CHILDREN

The foundations of mental, physical and emotional health are laid in the earliest years of life. For children whose mothers work away from home, the nursery school or day nursery must provide, to a considerable extent, the opportunities for laying these foundations of health. Those taking responsibility for the care of young children in groups must not only set up safeguards to protect the children from the particular health hazards which accompany group care, but must also provide an environment which will promote the health of each child.

For convenience, the health program may be considered under three general headings: Health qualifications (of staff, of children, of plant), health services, and health practices.

### I. HEALTH QUALIFICATIONS

#### A. Health qualifications of teaching, volunteer and domestic staff

It is essential that persons who work with young children be physically healthy, emotionally stable, and temperamentally suited to such work. Freedom from disease which may be transmitted to the children, and from physical conditions and emotional instability which may handicap or incapacitate the individual from functioning effectively under all circumstances, should be insisted upon. Such conditions include heart disease, hyperthyroidism, hypertension, epilepsy, fainting spells, skeletal defects or deformities, marked defect of vision or hearing, and emotional instability. A careful medical examination, including an X-ray of the chest, will be needed to determine fitness. Because the primary purpose of these examinations is to protect the group, and not to benefit the individual,

they are of public health significance and the local health officer should be consulted regarding plans for having them done. In most areas the local Tuberculosis Association will be in a position to furnish the chest X-rays. The State Department of Public Health has prepared a medical record which indicates the items to be covered in an acceptable examination for staff members.

#### B. Pre-admission medical examination and immunization of each child

For the sake of the child and for that of the group, every child must have a good medical examination before his admission to the group. The purpose of this examination is to determine the child's physical and developmental status, freedom from communicable disease and his ability to take part in group activities. This appraisal should include a history of previous illness, immunizations and feeding habits as well as a careful physical examination and recommendations for future care or investigation. Children having physical or mental handicaps which require special care or continued close supervision should not be accepted. Such conditions include diabetes, epilepsy, blindness, the paraplegias (unless very mild), and mental deficiency. Children with defective hearing may be included since the benefit to them from group activities more than justifies the additional attention required. Children with chronic illness, such as heart disease, should be enrolled only upon the specific recommendation of the family physician.

Only children who have previously been immunized against smallpox, diphtheria and whooping cough, or



for whom permission is obtained for such immunization upon entrance, should be admitted to the group. The risk of communicable disease among young children is too great to admit unimmunized children to the group. The common cold and the many other communicable diseases for which we have no immunizing agents will prove troublesome enough without running the unnecessary risks of outbreaks of these three diseases.

The local health officer should be consulted regarding details of the medical examinations and immunization procedures. The State Department of Public Health has prepared a medical examination record form suitable for use in day care centers and will supply local health departments with the necessary biologics for use in immunizing the children entering such centers.

#### C. Standards of the Physical Plant

Local conditions and needs will to some extent determine the character of the individual centers' plant and program. The essential requirements from the standpoint of health are safety, sufficient space, light and sunshine, and the provision of individual personal equipment.

*Safety*—The plant must comply with all fire and sanitary regulations and should have the endorsement of the local health officer. In addition, precautions should be taken to protect children from every possible hazard. The entire plant, its furnishings and equipment, should be kept thoroughly clean. There must be scrupulous care taken in the handling of food, garbage, etc.

*Space*—In the play room the usual standard is 35 square feet of space per child. Abundant light and sunshine are particularly important. An isolation room is an essential. This room should be large enough to make it possible to accommodate more than one child, without close contact, if the need occurs.

*Individual Equipment*—Individual equipment for each child should include towels, napkins, wash cloths, soap, combs, drinking cups, cots and bedding. There are great advantages in the use of paper towels, napkins, bibs and drinking cups, from the standpoint of health. Unless frequently washed, these articles constitute important media for the transmission of infections.

*First Aid Equipment*—A first aid kit should be provided and should be kept well out of reach of the children. A physician or the health department should be consulted on the type of equipment needed,

depending upon the availability of medical and hospital facilities.

## II. HEALTH SERVICES

### A. Health Supervision

Every preschool center should have the help of a physician and public health nurse in planning a continuing program of health supervision for the children in the center. In addition to the physical examination required for admission, subsequent examinations should be arranged at intervals of no more than six months. Daily inspections on arrival at the center and health clearance after illness should be provided. Assistance in these services, including oral hygiene, may be had from local health departments, all of which have developed facilities for regular medical, nursing and dental health supervision for children of preschool age as a part of their regular community functions. In many places the health officer will be able to arrange for the public health nurses on his staff to include the day care centers in their regular activities. The public health nurse is able to render invaluable services in general health supervision, interpretation of the physician's findings and recommendations to the family and the teaching staff, and in home visiting where indicated. This type of nursing service, which has as its objective the promotion of health in the group and the integration of the health program in the center with that in the home and the community, is of far greater value than is ordinarily rendered by the nurse serving the center alone.

### B. Daily Inspection

A careful daily inspection for early signs of communicable or infectious disease is extremely important. Almost all diseases are most highly communicable at the onset, at which time the child may show only slight signs of illness which could be detected only by a careful inspection of each child individually. A statement of the purpose and techniques of the daily inspection has been prepared by the State Department of Public Health. All local health departments have been supplied with these outlines and they will be glad to assist the personnel in preschool centers to develop good practices in this important procedure.

### C. Health Clearance

The health clearance when a child returns after absence due to illness must be done by a physician or public health nurse who will be able to determine whether the child is safe to readmit. A child who has had a mild illness may transmit a more severe form of the disease to other children. If a child has had a communicable disease he should not be readmitted without the approval of the health department.



**D. Medical Emergencies**

A child who shows any evidence of illness during the day should be placed in the isolation room and the parent or other designated responsible person notified. A physician should always be on call for emergencies, with provision for an alternate.

There should be on duty at all times at least one member of the staff who is trained in administering first aid.

**III. HEALTH PRACTICES****A. Nutrition**

The young child must have certain foods for his normal growth and development. His diet is a twenty-four hour matter so parents and the center must determine together which part of the diet will need to be supplied by the nursery and which by the home. Ordinarily each meal will make up about one-third of the daily needs. The basic daily diet consists of:

- Milk—3 cups to 1 quart
- 1 egg
- 1 serving of meat, fish, or poultry
- 1 potato
- 2 fruits—one citrus or tomato, and one other
- 2 vegetables—one yellow and one green or leafy
- 1 serving of whole-grain cereal
- 2 slices whole-grain bread
- 1 tablespoonful of butter or oleomargarine fortified with Vitamin A
- 2 teaspoonfuls of Cod Liver Oil or its equivalent

In addition to the main meal, mid-morning and mid-afternoon feeding of fruit, fruit or tomato juice or milk are frequently given.

This list of foods for the basic daily diet will have to be modified when certain foods are scarce or unavailable. However, with careful planning it is still possible to serve meals which will supply the child with all of the nutrients he requires for good health.

When fresh whole milk is unavailable, other milk products such as buttermilk, dried skimmed milk, evaporated milk and yellow cheese may be used. All of these foods will give the child the same food values as he gets from fresh milk.

When meat cannot be purchased combinations of other foods which will supply the nutrients usually obtained from meat can be substituted. One of the following combinations of foods may be *added* to the daily basic diet in order to make up for the lack of meat.

- 1 ( 1 oz. of yellow cheese  
    ( 6 oz. of milk
- 2 ( 1 oz. dried beans cooked (pureed for young child)  
    ( 6 oz. milk
- 3 ( 2 slices whole-grain bread  
    ( 1 oz. cheese

It is also desirable to use extra amounts of the dark green leafy vegetables on meatless days.

Remember, that fish and poultry are also good foods for children and should be used when possible, and that the "variety" meats such as liver, sweetbreads, brains, and tongue are excellent foods to include in the child's diet.

There may be times when butter is hard to get. At such times oleomargarine which is fortified with Vitamin A may be used, and will provide practically the same nutritive value as butter.

The services of a trained nutritionist should be obtained in planning of meals and in the supervision of the techniques practiced in the preparation, storage and serving of food. Dish-washing technique should conform to the recommended standards for restaurants. The local health department will be able to give help in furnishing the services of a nutritionist and assist in working out safe food handling and dish-washing practices. The bulletin, "Food for Young Children in Group Care," recently published by the Children's Bureau, contains much useful material\*

**B. Fresh Air, Rest, Toileting**

The routine activities in the center, such as play out-of-doors, the serving of meals, water, between meal lunches, the rest period and toileting should be planned with consideration not only for the comfort and health of the children while at the center but for the establishment of good health habits.

**C. Correlation with the Home**

Despite the fact that with both parents working, it will be much more difficult to bring about desirable correlation between the home and the center, the success of the health program in large measure depends upon frequent interchange of information between the staff and the parents. It will be necessary for the staff to go more than half way in bringing about a cooperative relationship.

In the Chinese written language the ideograph for "tomorrow" is "bright day." After five and a half years of strangling warfare they are optimistic. Harried by an efficiently organized enemy, they have lost nearly everything except Free China and confidence in victory. Perhaps that is one of the reasons why they laugh so readily on the streets.—Brooks Atkinson.

Moral stimulation is good but moral complacency is the most dangerous habit of mind we can develop, and that danger is serious and ever-present—Joseph C. Grew.

\* Children's Bureau Publication No. 285, Superintendent of Documents, Washington, D. C.



## MORBIDITY\*

Complete Civilian Reports for Certain Diseases Recorded for  
Week Ending March 6, 1943

## Chickenpox

2019 cases from the following counties: Alameda 167, Butte 11, Contra Costa 125, Fresno 57, Inyo 2, Kern 69, Kings 16, Lake 6, Lassen 21, Los Angeles 440, Marin 33, Modoc 6, Monterey 17, Napa 19, Orange 180, Riverside 18, Sacramento 43, San Bernardino 23, San Diego 246, San Francisco 201, San Joaquin 89, San Luis Obispo 25, San Mateo 39, Santa Barbara 23, Santa Clara 38, Santa Cruz 14, Shasta 4, Solano 29, Sonoma 31, Sutter 13, Tulare 5, Ventura 3, Yolo 2, Yuba 4.

## German Measles

1234 cases from the following counties: Alameda 141, Butte 3, Contra Costa 17, Fresno 6, Kern 10, Lake 1, Los Angeles 337, Marin 8, Modoc 6, Monterey 2, Napa 1, Orange 111, Riverside 2, Sacramento 43, San Bernardino 7, San Diego 287, San Francisco 74, San Joaquin 23, San Luis Obispo 6, San Mateo 10, Santa Barbara 18, Santa Clara 75, Shasta 1, Solano 5, Sonoma 10, Ventura 26, Yolo 4.

## Measles

658 cases from the following counties: Alameda 40, Butte 3, Colusa 2, Contra Costa 62, Fresno 1, Humboldt 11, Kern 10, Los Angeles 187, Marin 32, Modoc 49, Monterey 7, Napa 3, Orange 8, Riverside 4, Sacramento 39, San Bernardino 10, San Diego 49, San Francisco 73, San Joaquin 2, San Luis Obispo 2, San Mateo 7, Santa Barbara 3, Santa Clara 34, Solano 10, Sonoma 4, Sutter 1, Tulare 1, Ventura 4.

## Mumps

700 cases from the following counties: Alameda 71, Contra Costa 31, Fresno 13, Glenn 1, Inyo 1, Kern 15, Kings 3, Lassen 1, Los Angeles 138, Marin 7, Modoc 1, Monterey 3, Napa 18, Orange 71, Riverside 2, Sacramento 6, San Bernardino 4, San Diego 112, San Francisco 66, San Joaquin 73, San Luis Obispo 5, San Mateo 18, Santa Barbara 1, Santa Clara 21, Solano 5, Tulare 8, Ventura 1, Yolo 4.

## Scarlet Fever

148 cases from the following counties: Alameda 7, Butte 2, Contra Costa 2, El Dorado 1, Fresno 1, Kern 3, Lassen 2, Los Angeles 61, Marin 6, Mendocino 1, Orange 6, Riverside 3, Sacramento 5, San Bernardino 5, San Diego 10, San Francisco 8, San Joaquin 4, San Mateo 2, Santa Barbara 1, Santa Clara 4, Shasta 5, Solano 5, Sonoma 1, Sutter 1, Tehama 1, Ventura 1.

## Whooping Cough

298 cases from the following counties: Alameda 34, Contra Costa 11, Fresno 9, Inyo 1, Kern 12, Kings 2, Los Angeles 90, Marin 4, Modoc 4, Napa 3, Orange 11, Riverside 1, Sacramento 5, San Diego 32, San Francisco 23, San Joaquin 12, San Luis Obispo 1, San Mateo 3, Santa Barbara 1, Santa Clara 16, Santa Cruz 2, Shasta 3, Ventura 7, Yolo 9, Yuba 2.

## Diphtheria

21 cases from the following counties: Butte 1, Contra Costa 1, Lassen 1, Los Angeles 4, Riverside 1, Sacramento 2, San Diego 1, San Francisco 2, San Joaquin 3, Santa Clara 1, Solano 1, Sutter 1, Yolo 2.

## Epilepsy

59 cases from the following counties: Alameda 1, Amador 1, Contra Costa 2, Los Angeles 42, Monterey 1, Orange 1, Sacramento 5, San Bernardino 1, San Diego 1, San Francisco 3, Sonoma 1.

## Dysentery (Bacillary)

9 cases from the following counties: Los Angeles 6, Orange 1, Riverside 1, Sonoma 1.

## Food Poisoning

11 cases from the following counties: Contra Costa 2, Los Angeles 3, San Joaquin 6.

## Influenza (Epidemic)

50 cases reported in the State.

## Jaundice (Infectious)

One case from Shasta County.

## Malaria

3 cases from the following counties: Los Angeles 1, Tulare 1, Yolo 1.

## Meningitis (Meningococcic)

30 cases from the following counties: Alameda 6, Contra Costa 4, Los Angeles 6, Marin 1, Orange 1, Sacramento 1, San Francisco 5, San Joaquin 2, Santa Barbara 1, Santa Clara 1, Solano 2.

## Pneumonia (Infectious)

147 cases reported in the State.

\* Data regarding the other reportable diseases not listed herein, may be obtained upon request.

## Poliomyelitis (Acute Anterior)

2 cases from the following counties: Los Angeles 1, San Francisco 1.

## Rabies (Animal)

21 cases from the following counties: Fresno 11, Kern 1, Los Angeles 8, Monterey 1.

## Rheumatic Fever (Acute)

8 cases from the following counties: Kern 1, Los Angeles 4, San Francisco 1, Solano 2.

## Tetanus

2 cases from the following counties: Placer 1, San Joaquin 1.

## Typhoid Fever

3 cases from the following counties: Alameda 2, Contra Costa 1.

## Undulant Fever

3 cases from the following counties: Los Angeles 1, Sacramento 1, San Diego 1.

## Gonorrhea

261 cases reported in the State.

## Syphilis

643 cases reported in the State.

MONTEREY COUNTY QUARANTINED  
FOR RABIES

At the request of the Monterey County Health Department, the California State Department of Public Health, on March 8, 1943, placed a quarantine upon all dogs and cats in the major portions of that county including Carmel, Pacific Grove, Monterey, Seaside and the vicinity of Fort Ord, but not including Fort Ord or the Presidio of Monterey. While the quarantine is in force, for at least six months, no dogs or cats can be taken into the quarantined area nor removed therefrom, without a written permit issued by the Health Officer of Monterey County.

Quarantine under Article 1, Chapter 3, Section 1903 of the Health and Safety Code means the strict confinement, upon the private premises of the owner, under restraint by leash, closed cage or paddock, of all dogs and cats within the above-described area.

It shall be the duty of all peace officers, all deputies of the Health Officer of the County of Monterey, as well as the Health Officer of the County of Monterey, to enforce the provisions of this order within the above-designated quarantined area.

The Health Officer of the County of Monterey, or other properly constituted officials, may make inspection or examination and enter upon all private premises for the enforcement of this quarantine.

Any owner, or other person in possession of any animal then being held or maintained in violation of this quarantine, shall be subject to arrest on the charge of committing a misdemeanor.

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